PR001 25-Feb-14

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration



				Table 1					
1. Accident Type:	2. Accident Classification			3. Date/Time of Accident 4. Dat		4. Date/Time of De	Date/Time of Death		
Fatal Injury	Slip or Fall of Person			02/21/2014 09:15 AM		02/21/2014 11:00 AM		2	
6. Mine Information :									
a) Mining Company Name	b) Mine Name	b) Mine Name			c) Parent of Mining Company				
CEMEX INC.		KOSMOS CEMENT CO.				Cemex S A	; A		
7. Mine Location : a) City		b) County		c) State	The second		ne ID Number: 9. Union:		
Louisville			Jefferson				4469 NO		
 Primary Mineral Mined: HYDRAULIC CEMENT 		11. Number of Min Employees:) Underground	c) Open Pit/	Quarry d) N O	lill/Prep Plant		
12. Contractor Name:			110	0	13. Un		110	otor ID Number:	
Personal T					NO	F22			
15. Contractor Address:	a) City		b) County		c) State		ip Code	
De	mopolis		Mar	engo		AL	36	732	
16. Number of Centractor Er		a) Total b) Underground		n Pit/Quarry	d) Mill/Pr		e) Other	
		8	0		0		8	0	
17. Number of Persons in Mi	ne at Time of Acc	ident:		18. Number	of Persons Unacc	ounted For:			
a) Mine Employees: b) Contractor Employees: 4				a) Mine Employees: 0 b) Contractor Employees: 0					
19) Location of Accident							700 A-100	20. Mining Heigh	
01-Underground		03-Open Pit	07-Advanc		X 30-Mill/Prep		er (specify)	Feet Inches	
02-Surface at Undergro		06-Dredge Mining	08-Retreat	Mining	99-Office Fac	ility			
21. Nonfatal Injuries:	0 22. F	atal Injuries:						The state of the s	
23. Victim Information :	Felip	a) Name e Mata-Vizcaya		b) Age 34					
c) Regular Job Title:		d) Activi	ty at Time of Acc	ident:					
Laborer				Getting on			χС	ontractor Employe	
	eeks Days		eeks Days		Years Week			Years Weeks Days	
a) Total: 0 2) at the mine: 0 2	0 0 c) at	activity (23d)	0 28	r	Contractor	0 28 0	
25. Autopsy Performed:	If Yes, Location	on				26. Mine Telepho			
YES					+=	· · · · ·) 935-7331		
27. Description of Accident (i The victim fell approxima							onened on	the fourth floor, th	
victim stepped into the e	,					ine elevator door	opened on	the lourth hoor, th	
The information provided in regarding the cause of the acc		d on preliminary data O	NLY and does no	ot represent final	determinations	regarding the natur	e of the incide	it or conclusions	
28. Equipment Manufacturer					29. Model:	- W 177			
	Hollist	er/Whitney				440	H		
30. District: 32. Field Office: Lexington			on KY	33. Event Number: 6649247					
34. Accident Investigator:		35. MSHA Person Notified:			Da	te	Time		
Jeffrey Phillips				e L. Schlick		02/21/2		10:17 A	
66. Type of Report: 37. Name of Preparer and Date Preparer Amended Mike Hanche		i m			Date 02/24/2014				
38. Reason For Amendment:							JL1241201	1	
Item No. 23 a									